

IPF

JUL 28 2003

Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/301,961
		Filing Date	April 4, 1999
		First Named Inventor	Anthony P. Pierce et al.
		Group Art Unit	2123
		Examiner Name	Day, Herng-Der
Total Number of Pages in This Submission		Attorney Docket Number	56.0468

ENCLOSURES (check all that apply)

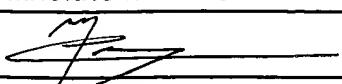
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Self-addressed, return postcard Complete Set of Claims
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

RECEIVED

JUL 30 2003

Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Catherine MENES
Signature	
Date	July 22, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Shari Sitzmann
Signature	
Date	July 22, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,
on July 28, 2003

Sherri Sitzmann
(name of person making deposit)

Sherri Sitzmann
(signature)

#10/B
JUL 30 2003
JUL 30 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Attorney Docket No:
Anthony P. Peirce, et al.) 56.0468
)
Serial No.: 09/301,961) Group Art Unit: 2123
)
Filed: April 4, 1999) Examiner: Day, Herng-Der
)
For: Method and Apparatus for)
Hydraulic Fracturing Analysis and)
Design)

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT (VOLUNTARY REVISED PRACTICE)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

RECEIVED

JUL 30 2003

Technology Center 2100

Sir

(A) Introductory Comments

This paper is filed in response to the Notice of Non-Compliant Amendment (Voluntary Revised Practice) dated July 11th, 2003 in the captioned application. Applicant has provided a status identifier for each claim. Applicant has cancelled claims 5, 11 and 20. Applicant has amended claims 1, 3, 8, 13, 17 and 19.



It is believed no fees are due for this reply. Should additional fees or refunds be due, the Commissioner is authorized to charge or credit any necessary fee to Deposit Account No. 04-1579(56.0428).

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Catherine MENES".

Catherine MENES
Limited Recognition
Agent for Applicants

RECEIVED

JUL 30 2003

Technology Center 2100

Date: July 22nd, 2003
Schlumberger Technology Corporation
110 Schlumberger Drive, MD1
Sugar Land, Texas 77478
(281) 285-8606
FAX: (281) 285-8569